

12-10-01

A/Re: 10/60/11 U.S. PTO
PTO/SB/50 (02-01)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
10/60/11 U.S. PTOPlease type a plus sign (+) inside this box →

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	FMCC:014USR1
	First Named Inventor	Paul A. Crawford
	Original Patent Number	5,791,693
	Original Patent Issue Date (Month/Day/Year)	August 11, 1998
	Express Mail Label No.	EL780052207US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)</p> <p>6. <input checked="" type="checkbox"/> Power of Attorney</p> <p>7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))</p> <p><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</p> <p><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. Specification Sequence Listing on:</p> <p>i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or</p> <p>ii <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>		<p>10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).</p> <p>11. <input checked="" type="checkbox"/> Original U.S. Patent for surrender</p> <p><input checked="" type="checkbox"/> Ribboned Original Patent Grant</p> <p><input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</p> <p>13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>17. Other: ..."Assignment from..... FMC Corporation to FMC Technologies, Inc. of U.S.P.N. 5,791,693!".....</p>	

18. CORRESPONDENCE ADDRESS

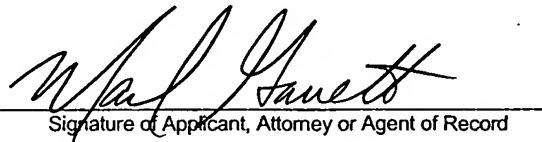
<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)		
Name	Mark T. Garrett		
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Signature	Mark Garrett	Date	11/9/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

The PTO did not receive the following
listed item(s) Specification.

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REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number (Optional)				
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 3	Total Claims (37 CFR 1.16(j))	(B) 12	**** 0 = x \$ ____ =	or	x \$ ____ =	0		
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 = x \$ ____ =		x \$ ____ =	0		
					Basic Fee (37 CFR 1.16(h)) \$ _____	\$ 740.00		
				Total Filing Fee \$ _____	OR \$ 740.00			
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* = x \$ ____ =	x \$ ____ =			
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	= x \$ ____ =		x \$ ____ =		
				Total Additional Fee \$ _____	OR \$ _____			
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-1212/10106847/MTG. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 740.00 to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
11/9/01 Date		 Signature of Applicant, Attorney or Agent of Record						
Mark T. Garrett; Reg. No. 44,699 Typed or printed name								

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Paul A. Crawford

Serial No.: Unknown

Filed: Unknown

For: PUP JOINT WITH INTEGRAL WING
NUT RETENTION SHOULDER

Group Art Unit: Unknown

Examiner: Unknown

Atty. Dkt. No.: FMCC:014USR1/MTG

EXPRESS MAIL MAILING LABEL
NUMBER EL 780052207 US
DATE OF DEPOSIT November 9, 2001

STATEMENT OF STATUS OF CLAIMS PURSUANT TO 37 C.F.R. § 1.173(c)

Commissioner for Patents
Washington, D.C. 20231

Sir:

The active claims in this case are claims 1 – 3, as issued in U.S. Patent No. 5,791,693, granted on August 11, 1998. These claims have been amended as set forth in the preliminary amendment filed herewith. Claims 4-12 have been added as set forth in the preliminary amendment filed herewith. Support for the amendments to claims 1 –3 and for added claims 4-12 may be found throughout the specification of the patent, including the figures, and in the claims originally filed. Support for the amendments to claim 1 and for added claims 5 and 9 may be found, for example, in FIG. 4, including, more specifically, elements 112, 118, 142, and 130. Claims 1 - 3 have been amended to recite “the length of pipe” in place of “the pipe” in a few locations. Although the Examiner found originally-filed claims 1-3 sufficiently definite,

Applicant has taken this additional, clarifying step to expedite prosecution of this application. Additionally, support for added claims 5 and 9 may also be found in original claim 1. Support for added claims 4, 8, and 12 may be found, for example, in the specification at column 2, lines 49-52. Support for added claims 6, 7, 10 and 11 may be found, for example, in original claims 2 and 3.

Respectfully submitted,



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